EXECUTIVE SECRETARIAT **ACTION SLIP** S S CONTROL NUMBER (Attachment Classification) ACTION ASSIGNED TO: DATE: (Action Office Instructions on Reverse) **ACTION REQUESTED** STATE TO NSC MEMO with Draft reply for signature STATE TO with Comment or Recommendation provide info copy under cover of State-NSC transmittal form REPLY provide comeback copy BY for _ RECOMMENDATION FOR with Memorandum for the President APPROPRIATE HANDLING FOR YOUR INFORMATION **CLEAR WITH:** DUE IN S/S BY: REMARKS/SPECIAL INSTRUCTIONS: UNA Α ΑF D S/AR CA ARA S/AS ΕB EA E S/ES Н **EUR** T S/MS HA NEA M S/P INM **ACDA** C S/CPR **INR** AID S/S S/IG 10 **ICA** S/S-O S/IL S/S-EX S/PTA S/S-S S/R **TEAM A** S/SLG TEAM B D/LOS TEAM C M/CT TEAM D M/DG S/S-I (RF) M/EEO (NAME) M/FLO S/S-S: M/MO 28338 28062

ATTACH THIS ACTION SLIP TO ANY SUBMISSION TO S/S